

fronts. They met the requirements of the military front. They are now meeting the requirements of the home front.

Admittedly, there has been hardship in some areas. Emergencies have arisen. Tempers have been frayed. But the background of American medicine has given it tools to do the job. That background is freedom; the tools are the same tools that enable American industry to outproduce the world in twelve months. They are tools of competence, integrity, and faith—faith in the ideals of individual opportunity that have made this the greatest Nation on earth.—*Isleton Delta News*, February 12.

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#### ILLNESS IS PART OF FIFTH COLUMN

Because a healthy home front is so vital to America's wartime effort one should be more vitamin conscious than ever before. Health authorities advise you should get plenty of exercise, too, and not forget your eight hours sleep. It will go a long way toward keeping you in the pink of condition, but there is much more to it than that. You all know about the fifth column of Axis inspired saboteurs—destroying plants—impairing production. Well, illness is part of that fifth column and it is just as dangerous as any Nazi because it sabotages production by the loss of man hours and holds up supplies so vitally needed.

It is the No. 1 job of every woman on the home front to fight that sabotage—to keep herself and her family well and to know how to cope with minor ailments.

Learn home first aid now, remember your best weapon against illness is medical knowledge. Learn how to take care of colds, properly, treat bruises. One cannot afford to depend on hunches or cure alls. Home first aid will teach you how to treat minor ailments scientifically and efficiently. The right treatment in time will keep both you and your family working on the home front.

Because doctors and nurses are needed by boys in the armed forces, you must do everything you possibly can to keep yourself well without their aid—especially for minor ailments. By learning home first aid and keeping healthy, you are doing your share for victory. Home first aid is knowledge every woman should have because it is invaluable in peacetime as well. An ounce of prevention is worth a pound of cure. Keep the home front healthy—for victory.—*Sacramento Bee*, February 17.

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#### PHYSICIANS IN WARTIME

One of the busiest professions in the country today, the medical one, is establishing a high record in the amount of volunteer service rendered.

To Selective Service boards alone, more than 28,000 physicians are giving their services without pay, and more than 40,000 gave up their careers in civilian practice to serve with the armed forces.

The directive board of the Procurement and Assignment Service for Physicians, and its many representatives throughout the Nation, serve without one cent of remuneration. In addition, there are hundreds of physicians on the consultant committee of the Division of Medical Science of the National Research Development. These also contribute their time to the cause. Thousands of doctors are furnishing countless services in connection with civilian defense.

As for the physicians at home, there are no limits save physical exhaustion to their hours on duty. Generally, we believe, the public is aware of the strain put upon the medical profession, and is willing to assist it by avoiding unnecessary calls and demands. Maintenance for our armed forces and the people at home of the highest medical standards in the world is a big job that is being carried on at considerable sacrifice.—*Oakland Tribune*, February 21.

**Press Clippings.**—Some news items from the daily press on matters related to medical practice follow:

#### Honor to George Dock, M.D.: Recipient of "The Gold-Headed Cane"

Signal honor has come to Dr. George Dock, 397 East Calaveras Street, Pasadena, who now is proud possessor of the famous "Gold-Headed Cane," in replica, presented by the University of California Medical School.

"The Gold-Headed Cane" was carried by the great British physician, Dr. John Radcliffe and was bequeathed down the years to Drs. Mead, Askew, Pitcairn and Baillie, all famous names in Great Britain's medical history. It now is being preserved by the Royal College of Physicians in London.

University of California four years ago conceived the idea of reproducing "The Gold-Headed Cane" once yearly and, by means of a careful selective system, presents it to the outstanding student of the graduating class.

This year Dr. Dock, of Pasadena, was asked to make the presentation speech.

"I was completely surprised and pleased when I received, along with the outstanding student, a duplicate cane," said the physician, of whom Sir William Osler, Britain's greatest surgeon, referred to in one of his books as "the greatest medical man of the day."

"In the early days of medicine," continued Dr. Dock, "it was customary for physicians to carry a cane, the handle of which was fitted with knobs of aromatic herbs. He sniffed the cane when handling contagious disease cases."

The cane once was considered as the badge of a physician, in the same manner that the sword was the mark of an Army officer.

Dr. Radcliffe, in addition to his fame as the greatest man of medicine at the start of the 18th century, was extremely wealthy. Besides his cane, he bequeathed funds for the Radcliffe Hospital, the Radcliffe Library and the Radcliffe Observatory, at Oxford University.

In his address to the medical students during the cane presentation ceremonies, Dr. Dock reviewed the life work of another great physician, Dr. M. Howard Russell, a classmate of his Philadelphia medical school days and nephew of a Civil War Abolitionist and reformer. In his address he appealed to the students, in their professional lives ahead, "to regard their patients as human beings, not merely cases."

Dr. Dock was born in Hopewell, Pa., on April 1, 1860. He received his medical degree in the University of Pennsylvania in 1884. In 1895, because of achievements in the medical field, Harvard University conferred an honorary A. M. degree on the physician, and in 1904, the University of Pennsylvania conferred upon him the degree of Sc.D. Another degree, that of LL.D., came from the University of Southern California in 1936. He served as professor in various branches of the study of medicine at the Texas Medical College, University of Michigan, Tulane University, Washington University Medical School and U. S. C.

Dr. Dock came to Pasadena 20 years ago, and his home in Altadena is one of rare beauty, especially as to its landscaping. The physician's hobby is birds. He has a fine collection of parakeets and canaries in outdoor cages and natural setting.

In 1916 and 1917 he was president of the Association of American Physicians. In Pasadena he has been a member of the Valley Hunt Club for many years. His son, George, former faculty member in the medical schools of the University of California and Cornell University, is a major in the U. S. Army Medical Corps.—*Pasadena Star-News*, February 20, 1943.

#### WMC 'Doing Everything It Can to Defer Fathers'

Washington, March 4.—War Manpower Commission Chairman Paul V. McNutt said today that everything possible is being done to delay as long as practicable the drafting of fathers and that the order prohibiting the drafting of pre-Pearl Harbor family men still is in effect. . . .

He said that the order in which registrants are called for military service is and will be:

1. Single men with no dependents—1-A.
2. Single men who do not contribute to the war effort but who have dependents—3-A.
3. Single men with dependents and who contribute to the war effort—3-B.
4. Men who are not engaged in the war effort but who maintain a bona fide family relationship with wife only—3-A.
5. Men who are engaged in the war effort and who maintain a bona fide relationship with wife only—3-B.
6. Men who are not engaged in the war effort and who

maintain a bona fide relationship with wife and children or children only—3-A.

7. Men who are engaged in the war effort and who maintain a bona fide relationship with wife and children or children only—3-B.

The recent list of occupations for which deferments will not be given, regardless of dependency, becomes effective April 1. The order effects only those aged 18 through 37.—San Francisco News, March 4.

#### 50,000 Nurses Needed for Possible Million Wounded

Chicago, February 13.—(AP.)—It soon may be necessary to ration nurses and to convert dude ranches and other vacation resorts into infirmaries, the American Hospital Association was informed today.

James A. Hamilton, president of the organization, reported nurses would have to be rationed unless there was a substantial increase in the number trained by nursing schools. He estimated 50,000 new nurses would be needed to assure adequate care for patients.

#### May Reach Million

Maury Maverick, director of Governmental division of the War Production Board, stated treatment of sick civilians and casualties from the war zones would make it necessary to use all available hospital space and all kinds of buildings that can be adapted to such use—including "seaside resorts, mountain homes, dude ranches, office buildings, spas, fishing lodges, factories, ski lodges." He predicted the number of war wounded may rise as high as 1,000,000, and recommended an immediate national survey to find quarters.

Miss Alma C. Haupt, executive secretary of a nursing subcommittee of the Defense Health and Welfare Service in Washington, figured 61,000 nurses would be needed for the armed forces this year and that 290,000 would be required for all types of civilian nursing—a total of 351,000. She predicted only 275,000 would be available by next October, and that the result would be a shortage of 76,000.

Hamilton, director of the New Haven, Conn., hospital, said any rationing program for nurses would have to be controlled by the War Manpower Commission and that it would affect home, hospital, public health, institutional and factory nursing. He suggested that men and women train for volunteer hospital service.

He and the others expressed their views at the Association's mid-year conference.—Los Angeles Examiner, February 14.

#### Accident Rate Shows Decline

##### Casualties Still Top Battle Loss

Chicago, February 4.—(UP.)—The home-front casualty list of 93,000 killed and 9,300,000 injured during America's first year at war far exceeded the total casualties on the battlefronts, the National Safety Council reported today.

But despite its huge casualty tolls, the home front was 8 per cent safer in 1942 than in 1941, the report said.

This saving was attributed to wartime restrictions on speed and travel, which cut traffic deaths by 12,200, or 30 per cent.

The toll of injured, however, remained about the same as for 1941. It meant that 1 out of every 14 persons in the United States suffered injury during the year.

The accidents cost the nation \$3,700,000,000 in wage losses, medical expense, insurance and property damage.

In industry alone, the loss of time and material through accidents could have built 22,000 heavy bombers or added 54 working days to the entire shipbuilding and aircraft industries, the council reported.

Falls caused most accidental deaths—24,000—excluding traffic fatalities.

The 1942 traffic toll was the lowest since 1927, with 47 states reporting sharp decreases.

Home accidents accounted for 30,500 deaths, 120,000 permanent disabilities and 4,500,000 injuries.

Sacramento, February 4.—Final figures compiled by the State Motor Vehicle Department disclosed today that 2,670 persons were killed in California traffic accidents during 1942, against 3,615 in 1941.

Officials said the reduced wartime speed limit contributed largely to lowering fatalities.—San Francisco News, February 4.

#### Opening Empty Hospitals to Public, Fought

Scores of wards now closed, with hundreds of idle beds, in the San Francisco Hospital, Laguna Honda Home and Hassler Health Home, should be opened immediately to

paying patients of the general public, Pearce Davies, assistant regional director of the Office of Defense, Health and Welfare Services, urged today in a letter to Health Director Geiger.

Dr. Geiger disapproved, on grounds it is illegal to admit other than indigent patients to city-operated hospitals, and "in my opinion any other arrangement for such an institution would be unfair and in competition to private hospitals and an infringement of a governmental agency in the private practice of medicine."

In view of the entry of a Federal agency into the public hospital question in San Francisco, Dr. Geiger said, he has sent copies of Mr. Davies' request, together with his reply, to Mayor Rossi, Chief Admr. Officer Brooks and City Attorney O'Toole, "because of the probable illegality of the plan."

Mr. Brooks, on studying both letters, said he had issued an order to the Health Department to "open all possible hospital space to the armed forces."

This order will meet the situation, he said, by relieving private hospitals of cases of the military, thus relieving additional beds for general civilian use.

#### 'Mayor Has Power'

"So far as the legality of the problem is involved," he said, "I am sure that Mayor Rossi, under his emergency powers, can open public hospitals to any one, but it will not be necessary to place paying private patients in them if offering our wards to the armed forces will alleviate congestion in private hospitals."

Mr. Davies' letter said, in part:

"The population of Bay Area communities has increased out of proportion to the provision of certain community facilities and the demands upon existing private hospitals will be beyond their capacity to serve."

"The stringencies of critical materials and the time required to construct new buildings operate against new construction as an answer to the need."

#### Inquiry Is Put

"With these facts in mind, we are writing you to learn what steps should be taken to bring to the attention of those charged with administration of the county hospital the desirability of opening the institution to paying patients. . . . As you know, Los Angeles County has found it necessary to waive the showing of financial need as a requirement for admission."

Declaring, in addition to his other objections, "It must be realized San Francisco is a possible area of bombing and our institutions must be prepared for expected casualties in such an event," Dr. Geiger listed wards and beds now vacant as follows:

San Francisco Hospital.—Psychopathic Division: Two empty wards of 52 beds. (At various times these wards have been occupied by psychopathic patients of the Army, under an agreement between the Army and the City and County.) Maternity Division: Three finished wards of 21 beds, two unfinished wards of approximately 66 beds. Tuberculosis Division: Two wards, 70 beds. Isolation Division: One ward, 30 beds. General Hospital: Three wards, two fully equipped, including 105 beds.

Laguna Honda Home.—Main Building: Four wards of 176 beds; old infirmary: Three wards, 144 beds.

Hassler Health Home at Redwood City.—One empty building of two wards, approximately 40 beds.

#### Shortages Blamed

Shortage in medical, nursing and orderly personnel has made necessary the closing of some of the wards, Dr. Geiger said.

"In the Laguna Honda Home there could be opened, if the finances and staff were available, two wards for occupancy by suitable cases now waiting transfer either from the San Francisco Hospital or from inadequate homes. The personnel shortage would practically make it impossible to open wards at the San Francisco Hospital under present conditions."

The chief stress of Dr. Geiger's statement was upon the traditions and legalities of the question.

"It has been traditional over the years," he wrote, "that the City and County Hospital, specifically the San Francisco Hospital, should serve only the indigent ill. It is staffed, with our approval, by the university Medical Schools of Stanford University and the University of California, and used for teaching purposes."

"No case enters this institution, except in actual emergency, without complete social service investigation for financial eligibility accordingly."

Many patients able to pay for treatment would not be satisfied with public institution food, Dr. Geiger intimated.

"It must also be remembered," he said, "that in such an institution we are on a minimum ration, which the

private patients would not desire, and a change otherwise would be a demoralizing effect upon the present conditions in such an institution."

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#### Army Confirms Word of Menlo Park Hospital

Reports the Army will construct a hospital on the Timothy Hopkins estate at Menlo Park were confirmed today by Captain E. L. Boldemann, of the Army Engineers' Office, 1441 Van Ness Ave., who announced materials are now being unloaded. The hospital will have 1,700 beds. Building will commence as soon as final plans are approved by the Surgeon General's office in Washington.

The hospital will comprise 65 buildings, all of a semi-permanent nature, Captain Boldemann said.—San Francisco News, March 26.

#### Opposition to Pay Patients in San Francisco Wards

A suggestion by a Government agency that empty wards in the San Francisco County Hospital and other public health institutions be opened to pay patients has been rejected by Dr. J. C. Geiger, city health director, he disclosed yesterday.

The suggestion came from Pearce Davies, assistant regional director of the Office of Defense Health and Welfare Services. He inquired about the possibility of admitting to the San Francisco Hospital not only paying patients, but also patients from surrounding counties.

Dr. Geiger, city health director, pointing out that there were unoccupied wards with a total of 674 beds in the San Francisco Hospital and other city health institutions, replied that San Francisco was a possible bombing area and that the institutions must be prepared to receive casualties in such an event.

He also pointed out that traditionally, the San Francisco Hospital was for indigent sick persons, and that a private arrangement there would be "unfair and in competition to private hospitals and an infringement of a governmental agency in the private practice of medicine.

"Conditions might eventually force a change in the present policy," Dr. Geiger added, "but that time has not yet arrived."

"However," Dr. Geiger pointed out, "these negotiations have not reached fruition at present. The staffing, it has been explained—medical, nursing, orderlies, etc.—must be done by the Navy, because of the shortage in our own staff and the impossibility of obtaining further help."—San Francisco Examiner, March 27, 1943.

#### Concerning a Thieving Male Nurse:

POLICE DEPARTMENT OF THE CITY OF SAN FRANCISCO  
San Francisco, March 25, 1943.

To the Editor:—Supplementing telephone conversation between you and members of our Bunco Detail regarding the running of a paragraph in CALIFORNIA AND WESTERN MEDICINE concerning a thief who robbed a patient in the St. John Hospital, following are the facts:

On February 9th last, a patient was brought to the hospital, where he was searched by a male nurse, and the following day he missed \$1400. The nurse left and is now a fugitive. We believe that as soon as the money is gone he will seek employment in a hospital. As a protection to institutions, as well as an aid to his apprehension, we would appreciate it if you would run the following in your publication:

"Wanted, by the San Francisco Police Department ROBERT EDWARD WHITE, male nurse, Social Security No. 526-22-9810. Charge Grand Theft. This subject on February 9th robbed a patient in the St. John Hospital and is now a fugitive. Should he seek employment, notify your local Police Department. He is described as 42 years old, 5'5½", 150 lbs., blue eyes, brown bushy hair, native of Missouri. A noticeable peculiarity is the eyebrows which run across the nose. Your assistance in his apprehension will be appreciated."

We believe that the above paragraph run in your publication, will assist us in individual's apprehension.

Thanking you in anticipation of your coöperation and assuring you of our willingness to reciprocate at any time, I am,

Yours very truly,

CHARLES W. DULLEA,  
Chief of Police.

#### MEDICAL EPONYM

##### Romberg's Sign

Moritz Heinrich Romberg (1795-1873), professor and director of the Royal Polyclinic Institute of the Friedrich-Wilhelm University, Berlin, described this sign in his *Lehrbuch der Nerven-Krankheiten des Menschen* (*Textbook of Human Nervous Diseases*), (Berlin, 1851: Vol. 2, p. 185). A portion of the translation follows:

"If the patient is asked to close his eyes while standing upright, he immediately begins to sway and reel. . . . I called attention to this pathognomonic sign ten years ago (according to my observation, it does not occur either in other paralyses or in uncomplicated blindness) and have since never failed to find it in any of my numerous patients with this disease."—R. W. B., in *New England Journal of Medicine*.

#### MEDICAL EPONYM

##### Rovsing's Sign

Dr. Thorkild Rovsing (1862-1927), director of the Surgical Clinic at the University in Copenhagen, described "Indirektes Hervorrufen des typischen Schmerzes an McBurney's Punkt [Indirect Elicitation of Typical Pain over McBurney's Point]," in the *Zentralblatt für Chirurgie* (342:1257-1259, 1907). Being unable satisfactorily to examine in the usual way two patients whom he suspected of having appendicitis, he was able to bring out the typical pain by this maneuver. A portion of the translation follows:

"Both patients showed such unusual sensitiveness to palpation that a careful examination of the region of McBurney's point seemed not only impossible but inadvisable. It occurred to me that the typical pain might possibly be elicited by pressure on the descending colon, in the left iliac fossa. I laid my left hand flat on the abdomen and with the right hand forced its fingers down against the colon, compressing it. The hand was then allowed to glide upward toward the sigmoid flexure."—R. W. B., in *New England Journal of Medicine*.

#### MEDICAL EPONYM

##### Pick's Disease

Dr. Friedel Pick (1867-1926), first assistant in the First German Medical Clinic at Prague, presented a discussion, "Über chronische, unter dem Bilde der Lebercirrhose verlaufende Pericarditis (pericarditische Pseudolebercirrhose) nebst Bemerkungen über die Zucker-gussleber (Curschmann) [Chronic Pericarditis—Pericarditic Pseudocirrhosis of the Liver—Simulating the Course of Cirrhosis of the Liver, with Observations on the Frosted Liver (Curschmann)]," in the *Zeitschrift für klinische Medizin* (29:385-410, 1896). A portion of the translation follows:

"There is a symptom complex (pericarditic pseudocirrhosis of the liver) that simulates one of the mixed forms of cirrhosis of the liver (enlarged liver, marked ascites without jaundice). This results from disturbances in the circulation of the liver caused by a latent pericarditis. These lead to an overgrowth of connective tissue, which produces marked ascites by causing congestion in the portal circulation.

"The condition usually occurs in young persons, but may be seen in later life.

"The following points are to be considered in the differential diagnosis: absence of any etiologic agent for cirrhosis of the liver, a history indicating a previous pericarditis and a previous edema of the legs. Only careful examination of the heart can finally establish the diagnosis."—R. W. B., in *New England Journal of Medicine*.